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**FAX TRANSMISSION****DATE:** October 30, 2006**PTO IDENTIFIER:** Application Number 10/812,295-Conf. #1807  
Patent Number**Inventor:** Sutherland C. Ellwood, Jr.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** PATENT LAW OFFICES OF MICHAEL E. WOODS  
Michael E. Woods**PHONE:** (415) 388-0830**Attorney Dkt. #:** 20028-7004**PAGES (Including Cover Sheet):** 27**CONTENTS:** One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Amendment in Response to Non-Final Office Action (22 pages)  
Amendment Transmittal (1 page)  
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112 Barn Road, Tiburon, California 94920-2602  
Telephone: (415) 388-0830 Facsimile: (415) 388-0860

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<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 20028-7004		
Application No. 10/812,295-Conf. #1807	Filing Date March 29, 2004	Examiner T. L. Rude	Art Unit 2883		
Applicant(s): Sutherland C. Ellwood, Jr.					
Invention: Faraday structured waveguide display					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	38	- 90 =	0	x	
<b>Independent Claims</b>	3	- 5 =	0	x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
<b>Other fee (please specify):</b> Extension for response within first month					60.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					60.00
<input type="checkbox"/> Large Entity <span style="float: right;"><input checked="" type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. <u>50-3427</u> in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. _____ as described below. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> Credit any overpayment.					
<input type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
/Michael E. Woods/ Michael E. Woods Attorney/Agent Reg. No.: 33,466			Dated: <u>October 30, 2006</u>		
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OCT 30 2006

PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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Application No. (if known): 10/812,295

Attorney Docket No.: 20028-7004

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33,466

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One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

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